

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Carolina Rising, Inc.(b) Address (number and street) ☐ check if different than previously reported
5 West Hargett Street - Ste. 502

(c) City, State and ZIP Code

Raleigh

NC

27601

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002273**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2014

D D D / Y Y Y Y Y Y

2014

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

D D D / Y Y Y Y Y Y

Y Y Y Y Y Y

(b) Communication Title Autism Bill**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Dallas H Woodhouse

(b) Address (number and street)

5 West Hargett Street - Ste. 502

(c) City, State and ZIP Code

Raleigh

NC

27601

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 1916222.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Dallas H Woodhouse

SIGNATURE

Dallas H Woodhouse

[Electronically Filed]

DATE

09/23/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.